

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

California Medical Association Political Action Committee - Federal

ADDRESS (number and street)

1201 J Street, Suite 375

☐Check if different  
than previously  
reported. (ACC)

Sacramento

CA

95814

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00003194

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☒January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

11

28

2006

through

12

31

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Thelma Korpman, MD

Signature of Treasurer

Electronically Filed by Thelma Korpman, MD

Date

01

08

2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only							
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**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
California Medical Association Political Action Committee - Federal

Report Covering the Period: From: 

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2006	122449.41
(b) Cash on Hand at Beginning of Reporting Period .....	179022.90	
(c) Total Receipts (from Line 19) .....	18174.46	148794.44
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	197197.36	271243.85
7. Total Disbursements (from Line 31) .....	17050.00	91096.49
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	180147.36	180147.36
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

California Medical Association Political Action Committee - Federal

Report Covering the Period:

From:

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	6466.73	55749.23
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	11564.69	85369.80
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	18031.42	141119.03
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) .....	18031.42	141119.03
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	6766.52
17. Other Federal Receipts (Dividends, Interest, etc.) .....	143.04	908.89
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	18174.46	148794.44
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	18174.46	148794.44

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	17050.00	90675.13
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	421.36
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	17050.00	91096.49
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	17050.00	91096.49

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	18031.42	141119.03
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	18031.42	141119.03
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

California Medical Association Political Action Committee - Federal

<b>A.</b> Full Name (Last, First, Middle Initial) David Aizuss		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 6
Mailing Address 16311 VENTURA BLVD STE 750		<b>Transaction ID:</b> INC:A:16760
City ENCINO	State CA	Zip Code 91436
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer OPHTHAMOLOGY ASSOCIATES of the VALLEY	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>B.</b> Full Name (Last, First, Middle Initial) David Aizuss		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 6
Mailing Address 16311 VENTURA BLVD STE 750		<b>Transaction ID:</b> INC:A:16526
City ENCINO	State CA	Zip Code 91436
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer OPHTHAMOLOGY ASSOCIATES of the VALLEY	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Joanne Berkowitz		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 6
Mailing Address 125 43RD ST		<b>Transaction ID:</b> INC:A:16759
City SACRAMENTO	State CA	Zip Code 95819
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Joanne Berkowitz, MD	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

California Medical Association Political Action Committee - Federal

Full Name (Last, First, Middle Initial)

**A.** Joanne Berkowitz

Mailing Address 125 43RD ST

City State Zip Code  
 SACRAMENTO CA 95819

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Joanne Berkowitz, MD

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 1 8 / 2 0 0 6

Transaction ID: INC:A:16537

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B.** Ilana Blicher

Mailing Address 435 ARDEN AVE STE 540

City State Zip Code  
 GLENDALE CA 91203

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ilana Blicher, MD

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1062.50

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 0 8 / 2 0 0 6

Transaction ID: INC:A:16519

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C.** Jack Bruner

Mailing Address 95 SCRIPPS DR

City State Zip Code  
 SACRAMENTO CA 95825

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
The Plastic Surgery Center

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 2 1 / 2 0 0 6

Transaction ID: INC:A:16543

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 20

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

California Medical Association Political Action Committee - Federal

Full Name (Last, First, Middle Initial)

**A.** Jack Bruner

Mailing Address 95 SCRIPPS DR

City	State	Zip Code
SACRAMENTO	CA	95825

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Plastic Surgery CenterOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	1	/	2	0	0	6

Transaction ID: INC:A:16764

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B.** Boyd Flinders

Mailing Address 2701 W Alameda Ave Ste 507

City	State	Zip Code
Burbank	CA	91505

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Boyd Flinders, MDOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	8	/	2	0	0	6

Transaction ID: INC:A:16523

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C.** Victor Hough

Mailing Address 1225 10th Ave

City	State	Zip Code
Sacramento	CA	95818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Victor Hough, MDOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	8	/	2	0	0	6

Transaction ID: INC:A:16754

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

475.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

California Medical Association Political Action Committee - Federal

<b>A.</b> Full Name (Last, First, Middle Initial) Victor Hough Mailing Address 1225 10th Ave City State Zip Code Sacramento CA 95818 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Victor Hough, MD Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 200.00			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> INC:A:16595 Amount of Each Receipt this Period 50.00
<b>B.</b> Full Name (Last, First, Middle Initial) Paul Kirz Mailing Address PO Box 2873 City State Zip Code Fullerton CA 92837 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Paul Kirz, MD Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1700.00			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> INC:A:16765 Amount of Each Receipt this Period 900.00
<b>C.</b> Full Name (Last, First, Middle Initial) Paul Kirz Mailing Address PO Box 2873 City State Zip Code Fullerton CA 92837 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Paul Kirz, MD Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1700.00			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> INC:A:16613 Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

California Medical Association Political Action Committee - Federal

<b>A.</b> Full Name (Last, First, Middle Initial) Milton Kolchins		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 5400 Balboa Blvd #105		<b>Transaction ID:</b> INC:A:16451
City Encino	State CA	Zip Code 91316
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 8.33
Name of Employer Milton Kolchins, MD	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.68	

<b>B.</b> Full Name (Last, First, Middle Initial) Milton Kolchins		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 5400 Balboa Blvd #105		<b>Transaction ID:</b> INC:A:16452
City Encino	State CA	Zip Code 91316
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 8.33
Name of Employer Milton Kolchins, MD	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.68	

<b>C.</b> Full Name (Last, First, Middle Initial) Milton Kolchins		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 1 / 2 0 0 6
Mailing Address 5400 Balboa Blvd #105		<b>Transaction ID:</b> INC:A:16495
City Encino	State CA	Zip Code 91316
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 8.37
Name of Employer Milton Kolchins, MD	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.68	

**SUBTOTAL** of Receipts This Page (optional) .....

25.03

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

California Medical Association Political Action Committee - Federal

<b>A.</b> Full Name (Last, First, Middle Initial) Howard Krauss Mailing Address 11645 WILSHIRE BLVD STE 600 City State Zip Code LOS ANGELES CA 90025 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer SO. CAL. OPHTHAMOLOGY & SURGICAL ASSOCI Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1700.00			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> INC:A:16766 Amount of Each Receipt this Period 900.00
<b>B.</b> Full Name (Last, First, Middle Initial) Howard Krauss Mailing Address 11645 WILSHIRE BLVD STE 600 City State Zip Code LOS ANGELES CA 90025 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer SO. CAL. OPHTHAMOLOGY & SURGICAL ASSOCI Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1700.00			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> INC:A:16618 Amount of Each Receipt this Period 50.00
<b>C.</b> Full Name (Last, First, Middle Initial) Eleanor Martinez Mailing Address 2504 Samaritan Dr ste 820 City State Zip Code San Jose CA 95124 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Eleanor Martinez, MD Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> INC:A:16642 Amount of Each Receipt this Period 50.00
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶			1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶			

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

California Medical Association Political Action Committee - Federal

<b>A.</b> Full Name (Last, First, Middle Initial) Frank Navarro		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 8 / 2 0 0 6
Mailing Address 1201 J Street		<b>Transaction ID:</b> INC:A:16655
City Sacramento	State CA	Zip Code 95814
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer CMA	Occupation CMA Staff	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Frank Navarro		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 8 / 2 0 0 6
Mailing Address 1201 J Street		<b>Transaction ID:</b> INC:A:16762
City Sacramento	State CA	Zip Code 95814
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer CMA	Occupation CMA Staff	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Margaret Parsons		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 7 / 2 0 0 6
Mailing Address 5340 Elvas Ave Ste 600		<b>Transaction ID:</b> INC:A:16763
City Sacramento	State CA	Zip Code 95819
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Margaret Parsons, MD	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

California Medical Association Political Action Committee - Federal

**A.** Full Name (Last, First, Middle Initial)  
Margaret Parsons  
Mailing Address 5340 Elvas Ave Ste 600

City State Zip Code  
Sacramento CA 95819

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Margaret Parsons, MD

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 7 / 2 0 0 6

Transaction ID: INC:A:16666

Amount of Each Receipt this Period

50.00

**B.** Full Name (Last, First, Middle Initial)  
Kenneth Pauker  
Mailing Address 3991 MaCarthur Blvd Ste 200

City State Zip Code  
Newport Beach CA 92660

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kenneth Pauker, MD

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 0 / 2 0 0 6

Transaction ID: INC:A:16670

Amount of Each Receipt this Period

50.00

**C.** Full Name (Last, First, Middle Initial)  
Kenneth Pauker  
Mailing Address 3991 MaCarthur Blvd Ste 200

City State Zip Code  
Newport Beach CA 92660

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kenneth Pauker, MD

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 0 / 2 0 0 6

Transaction ID: INC:A:16755

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

California Medical Association Political Action Committee - Federal

<b>A.</b> Full Name (Last, First, Middle Initial) Raman Poola		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 6
Mailing Address 18523 Corwin Road STE H		<b>Transaction ID:</b> INC:A:16756
City State Zip Code Apple Valley CA 92307	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Raman Poola, MD	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Raman Poola		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 6
Mailing Address 18523 Corwin Road STE H		<b>Transaction ID:</b> INC:A:16676
City State Zip Code Apple Valley CA 92307	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Raman Poola, MD	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Donald Prolo		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 6
Mailing Address 203 DI SALVO AVE		<b>Transaction ID:</b> INC:A:16757
City State Zip Code SAN JOSE CA 95128	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Donald Prolo, MD	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1850.00	

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

California Medical Association Political Action Committee - Federal

<b>A.</b> Full Name (Last, First, Middle Initial) Ralph Quijano		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 8 / 2 0 0 6
Mailing Address 533 E MICHELTORENA ST STE 203		<b>Transaction ID:</b> INC:A:16677
City SANTA BARBARA	State CA	Zip Code 93103
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Ralph Quijano, MD	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 950.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Ralph Quijano		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 8 / 2 0 0 6
Mailing Address 533 E MICHELTORENA ST STE 203		<b>Transaction ID:</b> INC:A:16767
City SANTA BARBARA	State CA	Zip Code 93103
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 900.00
Name of Employer Ralph Quijano, MD	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 950.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Michele Raney		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 8 / 2 0 0 6
Mailing Address 223 Grand Canal		<b>Transaction ID:</b> INC:A:16682
City Newport Beach	State CA	Zip Code 92662
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Health Care Partners Medi- cal Grp	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

California Medical Association Political Action Committee - Federal

Full Name (Last, First, Middle Initial)

**A.** Michele Raney

Mailing Address 223 Grand Canal

City State Zip Code  
 Newport Beach CA 92662

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Health Care Partners Medi-  
cal Grp

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 1 8 / 2 0 0 6

Transaction ID: INC:A:16683

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B.** Deborah Rightmier

Mailing Address 5046 Browndeer Ln

City State Zip Code  
 Rnch Palos Vdse CA 90275

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Deborah Rightmier, MD

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 1 8 / 2 0 0 6

Transaction ID: INC:A:16761

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C.** Deborah Rightmier

Mailing Address 5046 Browndeer Ln

City State Zip Code  
 Rnch Palos Vdse CA 90275

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Deborah Rightmier, MD

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 1 8 / 2 0 0 6

Transaction ID: INC:A:16689

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

California Medical Association Political Action Committee - Federal

Full Name (Last, First, Middle Initial)

A. Michael Rossini

Mailing Address 1421 OAKDALE RD STE B

City State Zip Code  
 MODESTO CA 95355

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Michael Rossini, MD

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1550.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 1 8 / 2 0 0 6

Transaction ID: INC:A:16768

Amount of Each Receipt this Period

900.00

Full Name (Last, First, Middle Initial)

B. Michael Rossini

Mailing Address 1421 OAKDALE RD STE B

City State Zip Code  
 MODESTO CA 95355

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Michael Rossini, MD

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1550.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 1 8 / 2 0 0 6

Transaction ID: INC:A:16695

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Michael Rossini

Mailing Address 1421 OAKDALE RD STE B

City State Zip Code  
 MODESTO CA 95355

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Michael Rossini, MD

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1550.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 1 8 / 2 0 0 6

Transaction ID: INC:A:16696

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

California Medical Association Political Action Committee - Federal

<b>A.</b> Full Name (Last, First, Middle Initial) Gerald Schiff		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 23451 Madison St Ste 340		<b>Transaction ID:</b> INC:A:16465
City Torrance	State CA	Zip Code 90505
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 8.33
Name of Employer Gerald Schiff, MD	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 308.35	

<b>B.</b> Full Name (Last, First, Middle Initial) Gerald Schiff		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 1 / 2 0 0 6
Mailing Address 23451 Madison St Ste 340		<b>Transaction ID:</b> INC:A:16508
City Torrance	State CA	Zip Code 90505
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 8.37
Name of Employer Gerald Schiff, MD	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 308.35	

<b>C.</b> Full Name (Last, First, Middle Initial) H Vincent		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6
Mailing Address 10 MIDHILL DR		<b>Transaction ID:</b> INC:A:16758
City MILL VALLEY	State CA	Zip Code 94941
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer H Vincent, MD	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 875.00	

**SUBTOTAL** of Receipts This Page (optional) .....

141.70

**TOTAL** This Period (last page this line number only) .....

6466.73

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 20

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

California Medical Association Political Action Committee - Federal

**A.**

Full Name (Last, First, Middle Initial)

UBOC

Mailing Address 700 L Street

City

Sacramento

State

CA

Zip Code

95814

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

382.65

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 6

Transaction ID: INC:A:16770

Amount of Each Receipt this Period

69.10

Interest Income

**B.**

Full Name (Last, First, Middle Initial)

UBOC

Mailing Address 700 L Street

City

Sacramento

State

CA

Zip Code

95814

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

382.65

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 9 / 2 0 0 6

Transaction ID: INC:A:16771

Amount of Each Receipt this Period

73.94

Interest Income

**SUBTOTAL** of Receipts This Page (optional) .....

143.04

**TOTAL** This Period (last page this line number only) .....

143.04

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 20

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

California Medical Association Political Action Committee - Federal

Full Name (Last, First, Middle Initial)

**A.** American Medical PAC

Mailing Address 1101 Vermont Avenue, NW

City  
Washington

State  
DC

Zip Code  
20005

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: EXP.B.16769

Date of Disbursement

/   /

Amount of Each Disbursement this Period

17050.00

**SUBTOTAL** of Disbursements This Page (optional) .....

17050.00

**TOTAL** This Period (last page this line number only) .....

17050.00